

No. 2
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5-17-39
X35697

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Missouri

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 635

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
904 Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 5 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 904 Jackson
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CORA ELLEN SEARCY

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Albert Allen Searcy 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 22 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 11 hr. min.

9. Birthplace Maysville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Jessie D. Phelps
13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Martina Newhouse
15. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Loren E. Searcy
(b) Address Craig, Colo.

17. (a) burial (b) Date thereof 6/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Jo. Memorial Par

18. (a) Signature of funeral director Hester B. Hale & Bowman
(b) Address St. Joseph, Mo.

19. (a) 6/5/43 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1943 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from 5-26-43
_____, 19____, to 6-3-43, 19____;
that I last saw h. al alive on 6/3/43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Myocardial Stenosis
Dehydration
Infection
Due to Melancholia
Other conditions (Include pregnancy within 3 months of death) 92 lb

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy Myocardial Stenosis
Dehydration
Infection

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury _____

23. Signature Creston [unclear] (M. D. or other) MD
Address 219 [unclear] St. Joseph, Mo Date signed 6-5-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed James A. Moles
Licensed Embalmer No. 3296
P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.